

County of San Bernardino
Clerk of the Board of Supervisors
 385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
 (909) 387-3841 Fax (909) 387-4554
 Internet: www.sbcounty.gov



REQUEST FOR INFORMATION/COPIES

Please complete and submit to the Clerk of the Board of Supervisors for processing.

Name:	First: _____	Last: _____
Address:	_____	
State:	Zip: _____	Contact Telephone No.: () - _____

I am requesting photocopies of the following documents:		
1. _____	Number of Copies:	_____
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I am requesting tapes of the following Board Meeting(s):					<input type="checkbox"/> Audio	<input type="checkbox"/> VHS	<input type="checkbox"/> DVD
1. Date:	_____	2. Date:	_____	3. Date:	_____	4. Date:	_____

County Use Only Below This Line

Requestor:	Topic:	Time to Complete:
<input type="checkbox"/> Public	<input type="checkbox"/> Board Actions	<input type="checkbox"/> 5-15 Minutes
<input type="checkbox"/> BOS	<input type="checkbox"/> Assessment Appeals	<input type="checkbox"/> 15-30 Minutes
<input type="checkbox"/> CAO	<input type="checkbox"/> Licenses	<input type="checkbox"/> 30-45 Minutes
<input type="checkbox"/> County Counsel	<input type="checkbox"/> Notice of Determination/Exemption	<input type="checkbox"/> 45-60 Minutes
<input type="checkbox"/> County Department	<input type="checkbox"/> Conflict of Interest	<input type="checkbox"/> 1-2 Hours
<input type="checkbox"/> Other _____	<input type="checkbox"/> Form 700	<input type="checkbox"/> 2-4 Hours
	<input type="checkbox"/> Other _____	<input type="checkbox"/> 4-6 Hours
		<input type="checkbox"/> 8 Hours
		<input type="checkbox"/> Other _____

Comments: _____

Assigned to: _____	Date: _____	Date Completed: _____
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Number of Copies: _____	Copies \$.10 per page	\$ _____	Sub Total:	\$ _____
Number of Audio Tapes: _____	Audio Cassette \$10.00	\$ _____	Sub Total:	\$ _____
Number of Videotapes: _____	VHS \$15.00	\$ _____	Sub Total:	\$ _____
Number of DVDs: _____	DVD \$15.00	\$ _____	Sub Total:	\$ _____
Date Received: _____	Total Amount Received:		\$ _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Check Check # _____	Other: _____	Receipt #: _____		

Received By: _____	Date Received: _____
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